

quit dragging America's feet and join the remainder of the industrialized nations throughout the world that afford their consumers the right to know the origin of the food they feed their families.

I have worked on mandatory country-of-origin labeling for nearly 12 years. My first labeling bill was introduced in 1992, and as the primary author of the origin labeling language incorporated in our existing farm bill, I join Mr. BURNS and other Senate colleagues in introducing a bill on that issue today. I will persist in working to speed up implementation of this program with my colleagues. It is important that this Senate continue its bipartisan support for implementation of this commonsense law.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

RESEARCH REVIEW ACT

Mr. REID. Mr. President, last month we lost a great American, Christopher Reeve. Since a riding accident left him paralyzed from the neck down, Christopher Reeve has been an inspiration to all Americans, particularly to those living with paralysis as a result of spinal cord injury.

In the years following his accident, Christopher Reeve made tremendous progress. He regained sensation and movement in some parts of his body and was able to breathe for periods of time without a ventilator. Watching Christopher Reeve achieve these milestones gave hope to individuals with spinal cord injuries, their families, researchers and just about everyone.

We lost Christopher Reeve, but we cannot lose sight of his dream for a cure. We must do everything we can to ensure that Federal researchers have the tools they need to further advance paralysis research, and to ultimately find a cure.

I am pleased that today we are honoring the legacy of Christopher Reeve by passing the Research Review Act. This legislation includes a provision that will advance the goals of the Christopher Reeve Paralysis Act.

There is no stronger voice in the Senate for individuals with disabilities than Senator TOM HARKIN. And for the last several years, Senator HARKIN has worked with the Christopher Reeve Paralysis Foundation to pass legislation that would further advance the science needed to promote spinal regeneration and build quality-of-life programs for individuals with paralysis and other mobility impairments.

The Research Review Act supports the intent of the Christopher Reeve Paralysis Act by directing the National Institutes of Health to draft a report on ways they have encouraged the use of multi-disciplinary research teams to advance treatments, develop new

therapies, and collaborate on clinical trials with respect to spinal cord injury and paralysis research.

The Research Review Act is an important step in the right direction, but we must do everything we can to pass and fund the Christopher Reeve Paralysis Act during the next session of Congress.

The Research Review Act also includes important provisions related to inflammatory bowel disease. I am the proud sponsor of legislation in the Senate known as the "IBD Act" which is designed to improve the quality of life for patients suffering from inflammatory bowel disease. I am pleased that 36 Members of the Senate, including Senator COCHRAN, have cosponsored this bipartisan legislation.

Inflammatory bowel disease, which includes both Crohn's disease and ulcerative colitis, is a chronic disorder of the gastrointestinal tract which afflicts approximately 1 million Americans, 100,000 or 10 percent of whom are children under the age of 18. IBD can cause severe abdominal pain, fever, and intestinal bleeding. Complications related to the disease include: Arthritis, osteoporosis, anemia, liver disease, and colon cancer. Inflammatory bowel disease represents a major cause of morbidity from digestive illness, and although it is not fatal, IBD can be devastating.

I am pleased that the Research Review Act contains three important provisions related to inflammatory bowel disease. The first provision directs the Centers for Disease Control and Prevention to report to the Congress on the status of its inflammatory bowel disease epidemiology study. This much needed study is being conducted by CDC through financial support provided by the Crohn's and Colitis Foundation of America (CCFA). Over the past 2 years, CCFA has provided the CDC with \$750,000 to establish the epidemiology project. I am pleased that the Senate Labor, Health and Human Services and Education Appropriations Subcommittee has provided \$800,000 for Fiscal Year 2005 to continue this important study.

The second provision of interest to the IBD community directs the Government Accountability Office to conduct a study on the coverage standards of Medicare/Medicaid for the therapies that IBD patients need to manage their disease. If there are gaps in coverage that negatively impact the health and quality of life of IBD patients on Medicare or Medicaid, we need to know about them, and take steps to address the problem.

The bill provides for a GAO study on the challenges that IBD patients encounter when applying for Social Security Disability. This study will include recommendations for improving the application process for IBD patients. This is critical to our effort to ensure that every patient who deserves disability coverage, receives it.

I am pleased to inform my colleagues that this is the first piece of author-

izing legislation to pass the United States Congress that addresses inflammatory bowel disease. I would like to extend my appreciation to the Crohn's and Colitis Foundation of America for their tremendous advocacy in support of this bill and the "IBD Act" in the 108th Congress. Over the past 2 years, tens of thousands of IBD patients have made their voice heard on Capitol Hill. I am pleased that a disease that for so long has been in the shadows of our society is starting to receive much needed attention and support. We would not be here today if it wasn't for the commitment of these patients and their family members.

HONORING OUR ARMED FORCES

LANCE CORPORAL SHANE E. KIELION

Mr. HAGEL. Mr. President, I rise to express my sympathy over the loss of Shane Kielion of Omaha, NE, a lance corporal in the U.S. Marine Corps. Lance Corporal Kielion was killed while supporting Operation Iraqi Freedom on November 15, 2004, in Iraq's Al Anbar Province. He was 23 years old.

Lance Corporal Kielion attended Omaha South High School where he was a leader both on the football field and in the classroom. After graduating in 1999, he briefly attended Peru State College on a football scholarship before joining the U.S. Marine Corps. He was assigned 3rd Battalion, 5th Marine Regiment, 1st Marine Division, I Marine Expeditionary Force, Marine Corps Base Camp Pendleton, CA. Lance Corporal Kielion will be remembered as a loyal marine who had a strong sense of duty, honor, and love of country. Thousands of brave Americans like Lance Corporal Kielion are currently serving in Iraq.

Lance Corporal Kielion is survived by his parents, Patricia and Roger Kielion; his wife, April, and their newborn son. Our thoughts and prayers are with them at this difficult time. The United States of America is proud of Shane Kielion's service and mourns his loss.

For his service, bravery and sacrifice, I ask my colleagues to join me and all Americans in honoring LCpl Shane Kielion.

LCPL KYLE BURNS, USMC

Mr. THOMAS. Mr. President, I rise today to express our Nation's deepest thanks and gratitude to a special young man and his family. During this past recess, I received word that on November 11, 2004, Veteran's Day, Marine LCpl Kyle Burns of Laramie, WY, died in the line of duty while serving his country in the war on terrorism. Lance Corporal Burns was killed while fighting insurgents in the battle for Fallujah, Iraq, west of Baghdad. It was his second tour of duty in Iraq.

Lance Corporal Burns was a member of 1st Light Armored Reconnaissance Battalion, 1st Marine Division, 1st Marine Expeditionary Force. He joined the Marine Corps after graduating from